



## **2015-2016 RENEWAL CONSUMER JOURNEY**

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OCTOBER 7, 2015

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# Renewal and Open Enrollment Countdown

**Renewal**

**5**

Days to Go

A small calendar icon showing the date OCT 12.

**Open Enrollment**

**25**

Days to Go

A small calendar icon showing the date NOV 1.



# Outreach and Sales Webinar Series

| Webinar Series   | Description  | Date         | Time  |
|--|--|--------------|-------|
| Covered California Health Plans  | Covered California discusses 2016 updates to Covered California Health Plans and standard benefit design benefits.   | Wed, 10/14   | 11-12 |
| Covered California Health Plan Regional Rates  | Regional Rate and Plan Information Booklet overview – Helping Consumers Better Understand Their Enrollment Options   | Wed, 10/21   | 10-11 |
| Department of Managed Health Care (DMHC)   | For partners to learn about DMHC, their regulatory function, and how they service consumers.   | Weds, 10/28  | 2-3   |
| Oscar Health   | For partners to learn about the consumer journey once they have selected Oscar Health on the consumer's application.   | Wed, 11/4    | 2-3   |
| United Health Insurance  | For partners to learn about the consumer journey once they have selected United Health on the consumer's application.  | Thurs, 11/12 | 2-3   |
| Open Enrollment Update   | Additional information for partners to learn about renewal and open enrollment functionality, policy, changes, etc.  | Tues, 11/17  | 2-3   |
| IRS and the U.S. Department of Labor: The ACA and the Individual and Employer Responsibility | For partners to learn about the Affordable Care Act provisions concerning the Individual Responsibility Mandate and Employer Shared Responsibility. Join us for a discussion about the mandate, penalties, and minimum standard value. | Thurs, 12/10 | 2-3   |

<http://hbex.coveredca.com/stakeholders/webinar/OutreachandSales@covered.ca.gov>



# Partner Tool Kits

## Enrollment Partner Tool Kit

|  Tool Kits for Enrollers |  Tool Kits for Outreach |
|---|--|
| <a href="#">Webinars &amp; Briefings</a> ▶  | <a href="#">School Educator Partner Tool Kit</a> ▶   |
| <a href="#">2016 Renewal Tool Kit</a> ▶   |  |
| <a href="#">IRS Form 1095-A Tool Kit</a> ▶  |  |
| <a href="#">Small Business Tool Kit</a> ▶   |  |

### Resources

- [How to contact Covered California](#)
- [Covered California Health Plans Booklet](#)
- [Fact Sheets](#)
- [Real Stories](#)
- [Link to CoveredCA.com](#)

| Resources                              | Featured Links                                  | Other Languages                    | Covered California is powered by both   |
|--|---|------------------------------------|---|
| <a href="#">Shop and Compare Tool</a>  | <a href="#">Real Stories</a>                    | العربية <a href="#">հայերեն</a>    | <br> |
| <a href="#">Income Guidelines</a>      | <a href="#">Health Insurance Companies</a>      | 中文 <a href="#">فارسی</a>           |   |
| <a href="#">Fact Sheets</a>            | <a href="#">Certified Insurance Agents</a>      | hmoob <a href="#">Khmer</a>        |   |
| <a href="#">Link to Us</a>             | <a href="#">Certified Enrollment Counselors</a> | 한국어 <a href="#">Lao</a>            |   |
| <a href="#">Partner Tool Kit</a>       | <a href="#">Health Benefit Exchange</a>         | русский <a href="#">Español</a>    |   |
| <a href="#">Consumer Protection</a>    | <a href="#">Register to Vote</a>                | Tagalog <a href="#">Tiếng Việt</a> |   |
| <a href="#">Federal Tax Guidelines</a> | <a href="#">Medi-Cal</a>                        |                                    |   |

# Partner Tool Kits

## Webinars & Briefings for Certified Enrollment Representatives



Webinars



Agent Briefing



Community  
Partner Briefing

Click on the resource headers below for detailed information:

- ▶ **Webinars**
- ▶ **Agent Briefing**
- ▶ **Community Partner Briefing**
- ▶ **Downloads**

# Partner Tool Kits



## 2016 RENEWAL TOOLKIT FOR CERTIFIED REPRESENTATIVES

The Renewal Toolkit for and resources you need. This toolkit includes not help you guide consumer resources you need quick back frequently for updates.

Three Simple Steps to Continued Coverage  
**Renew Your Coverage**

**1 REMEMBER THE DATE**

As a current Covered California member, you have the opportunity to renew your coverage beginning October 12, 2015. It's quick, it's easy, and it's one less thing you'll have to think about.

Remember: To have coverage on January 1, 2016 you must renew your health plan by December 15, 2015.

**2 REVIEW YOUR OPTIONS**

Simply log on to your Covered California e Enrollment Representative to review your options.

If you are satisfied with your plan, keep it with the same coverage. If not, this is the time to:

- Your monthly premiums may have changed
- Your provider network may have changed

**3 RENEW YOUR COVERAGE**

Right now, you can enjoy the advantage of your side. So get the peace of mind that your insurance is set for the year ahead—well before the deadline draws near. Check your 2016 rate on Covered.CA.com to find the plan that best fits your needs.

**Renew your plan beginning October 1**

**Resource**

[Authorization for Consent Notice](#)

[Consent for Verification Talking Points](#)

[Job Aid: View and Update Consent for Verification](#)

**Resource**

[Pre-Termination Notice](#)

[Citizenship/Lawful Presence Inconsistency Notice](#)

## • 2016 Health Plan Benefit Design Chart

## • Renewal Reminder for Consumers

## • Notices, Talking Points, FAQs, Job Aids

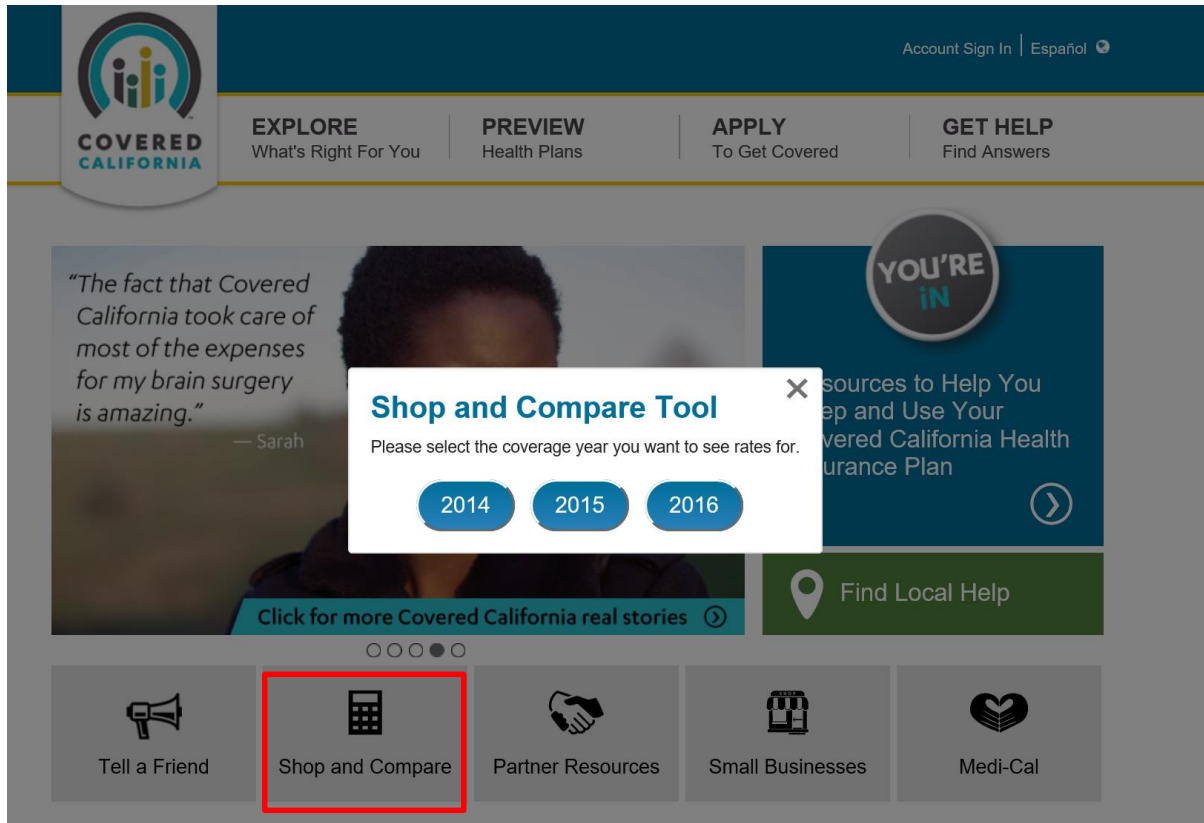


## 2016 Standard Benefit Designs and Medical Cost Shares

Benefits in blue are NOT subject to a deductible

| Coverage Category                          | Minimum Coverage   | Bronze                         | Silver                         | Enhanced Silver 73                        | Enhanced Silver 87                        | Enhanced Silver 94                 | Gold                           | Platinum                       |
|--|--|--------------------------------|--------------------------------|---|---|------------------------------------|--------------------------------|--------------------------------|
| Percent of cost coverage                   | Covers 0% until out-of-pocket maximum is met   | Covers 60% average annual cost | Covers 70% average annual cost | Covers 73% average annual cost            | Covers 87% average annual cost            | Covers 94% average annual cost     | Covers 80% average annual cost | Covers 90% average annual cost |
| Cost-sharing Reduction Single Income Range | N/A  | N/A                            | N/A                            | \$23,451 to \$29,425 (>200% to ≤250% FPL) | \$17,656 to \$23,450 (>150% to ≤200% FPL) | up to \$17,655 (100% to ≤150% FPL) | N/A                            | N/A                            |
| Annual Wellness Exam                       | \$0  | \$0                            | \$0                            | \$0                                       | \$0                                       | \$0                                | \$0                            | \$0                            |
| Primary Care Visit                         | after first 3 non-preventive visits, pay negotiated carrier rate per instance until out-of-pocket maximum is met | \$70*                          | \$45                           | \$40                                      | \$15                                      | \$5                                | \$35                           | \$20                           |
| Specialist Visit                           |  | \$90*                          | \$70                           | \$55                                      | \$25                                      | \$8                                | \$55                           | \$40                           |
| Urgent Care                                |  | \$120*                         | \$90                           | \$80                                      | \$30                                      | \$6                                | \$60                           | \$40                           |

# Shop and Compare



**Your Total Monthly Payment:**  
**\$171**  
(w/ tax credit)

**Monthly Premium Assistance (Tax Credit):**  
**\$157**

**Total Monthly Premiums: \$328**

[VIEW DETAILS](#)

[Apply](#)

2016 Plan and rate information is available now!

Personal Proposal and Dental Plan Information  
User Interface Improvements

# Ready to Renew?

- Pay attention to notices
  - Inconsistency Notices – Provide requested documentation
  - Renewal Notice
  - Eligibility Notice
- Ask consumers to double-check their information to verify it is correct
  - Access Codes
  - Agent Extracts
  - Consent for Verification
- Review consumer health coverage options
  - Shop and Compare
  - Covered California Health Plans webinar
  - Regional Rates webinar
- Encourage consumers to shop or take action
  - Avoid a gap in coverage



# Ready to Renew?

## REMEMBER

MAGI Medi-Cal Renewals (“Redeterminations”) are performed every 12 months following the initial eligibility determination for a Medi-Cal case.

**MAGI Medi-Cal Renewal can be completed online by consumers or by County Eligibility Workers.**

***Agents, CECs, and other Certified Enrollment Representatives should not make changes to households with Medi-Cal members.***

The local county social services office sends consumer notices when it their time to renew their eligibility in Medi-Cal.

# Automatic Renewals

# Automatic Renewals

Maximize retention in Covered California Health Plans by providing an automatic renewal option where possible

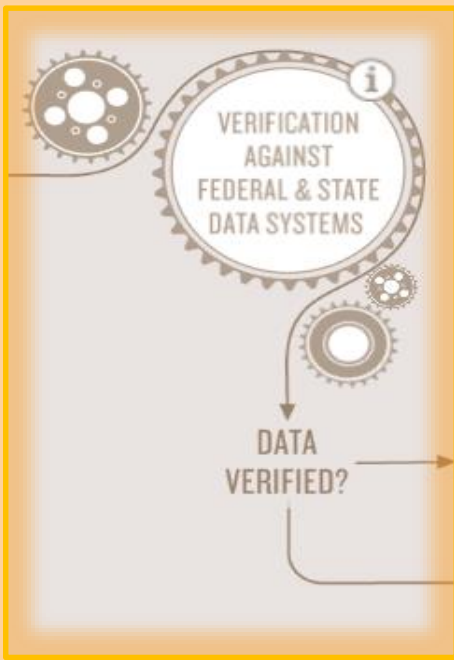
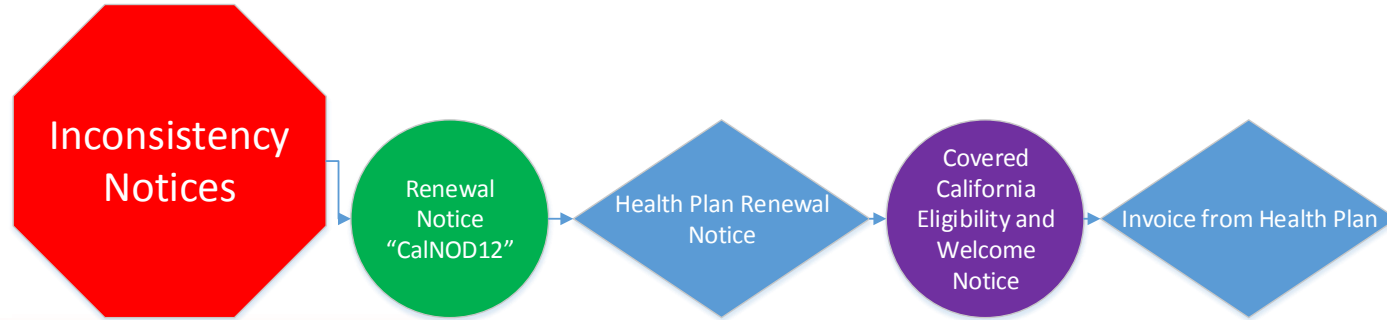
Consumers in an **enrolled** or **pending** status starting October 12<sup>th</sup> and throughout the month will be automatically renewed



## Consumer Renewal Journey – Automatic Renewal



# Automatic Renewals



**Take Action!**

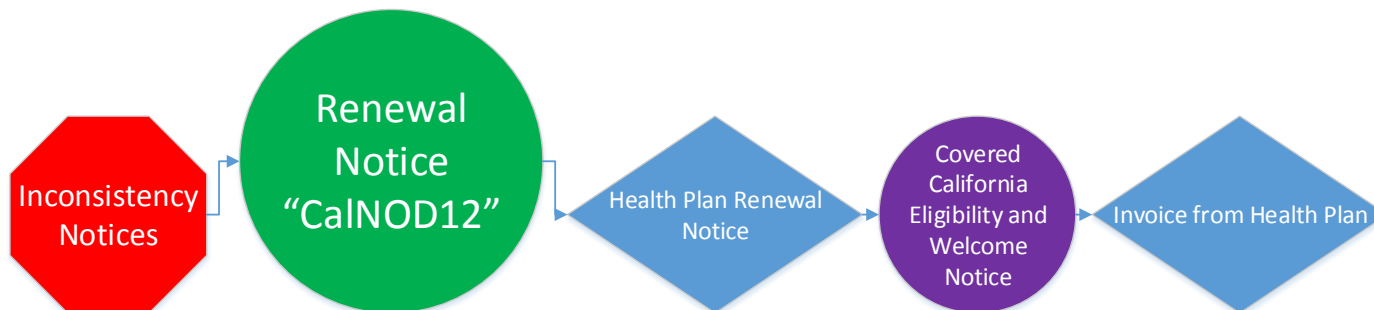
- Citizenship or Lawful Presence
- Name, Date of Birth, Social Security
- Non-Tax Filers
- ***Authorization to Consent***

**Yes**

- Ready to renew

CoveredCA.com > Partner Tool Kit > Renewal Tool Kit  
[<http://hbex.coveredca.com/toolkit/>]

# Automatic Renewals



Covered California  
P.O. Box 989725  
West Sacramento, CA 95798-9725



**COVERED  
CALIFORNIA**  
Your destination for quality  
healthcare, including Medi-Cal

Sarah Person  
5222 71st Street  
Sacramento, CA 95820

**Get ready to renew your health insurance for 2016!**

October 13, 2015 **Case Number:** [REDACTED]

Dear [REDACTED]

You are getting this letter because, in 2015, you or members of your household qualified to enroll in a Covered California health plan. Your health insurance coverage is coming up for renewal. Renewal for your household is due by **November 16, 2015**. When you renew your insurance, you will be able to:

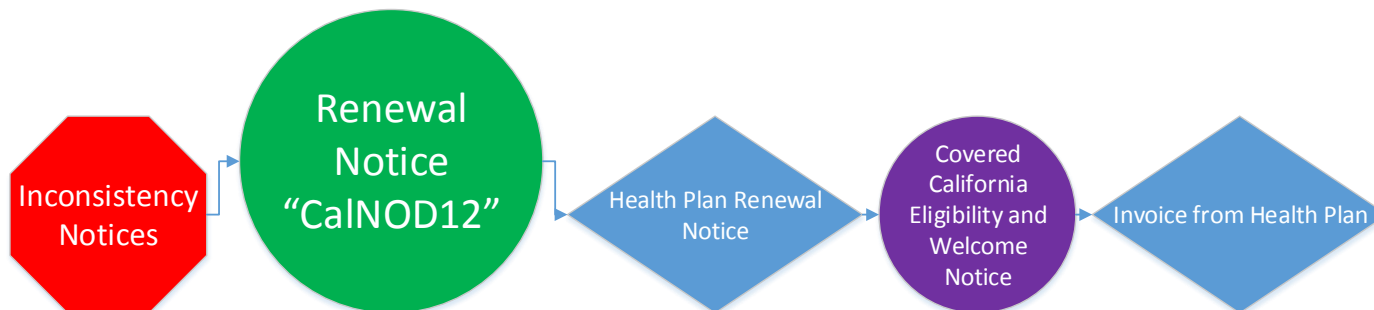
- Let Covered California know if any of your application information has changed
- Find out if you qualify for a different program
- Find out if your costs have changed
- Change your current health plan
- Get help if you need it!

Begin October 12<sup>th</sup>

*Enrolled or Pending*

Automatic renewal occurs in  
approximately 34 days from the  
date of the notice

# Automatic Renewals



## Renewal Notice (CaINOD12) contains:

- Covered California Case ID Number
- 2015 premium assistance amount
- 2015 plan selection
- 2015 attested income
- Refers consumers to health plan renewal letter for 2016 premium
- Instructions to complete the renewal
- **Date by which coverage will be auto-renewed if no action is taken**



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P.O. Box 989725  
West Sacramento, CA 95798-9725



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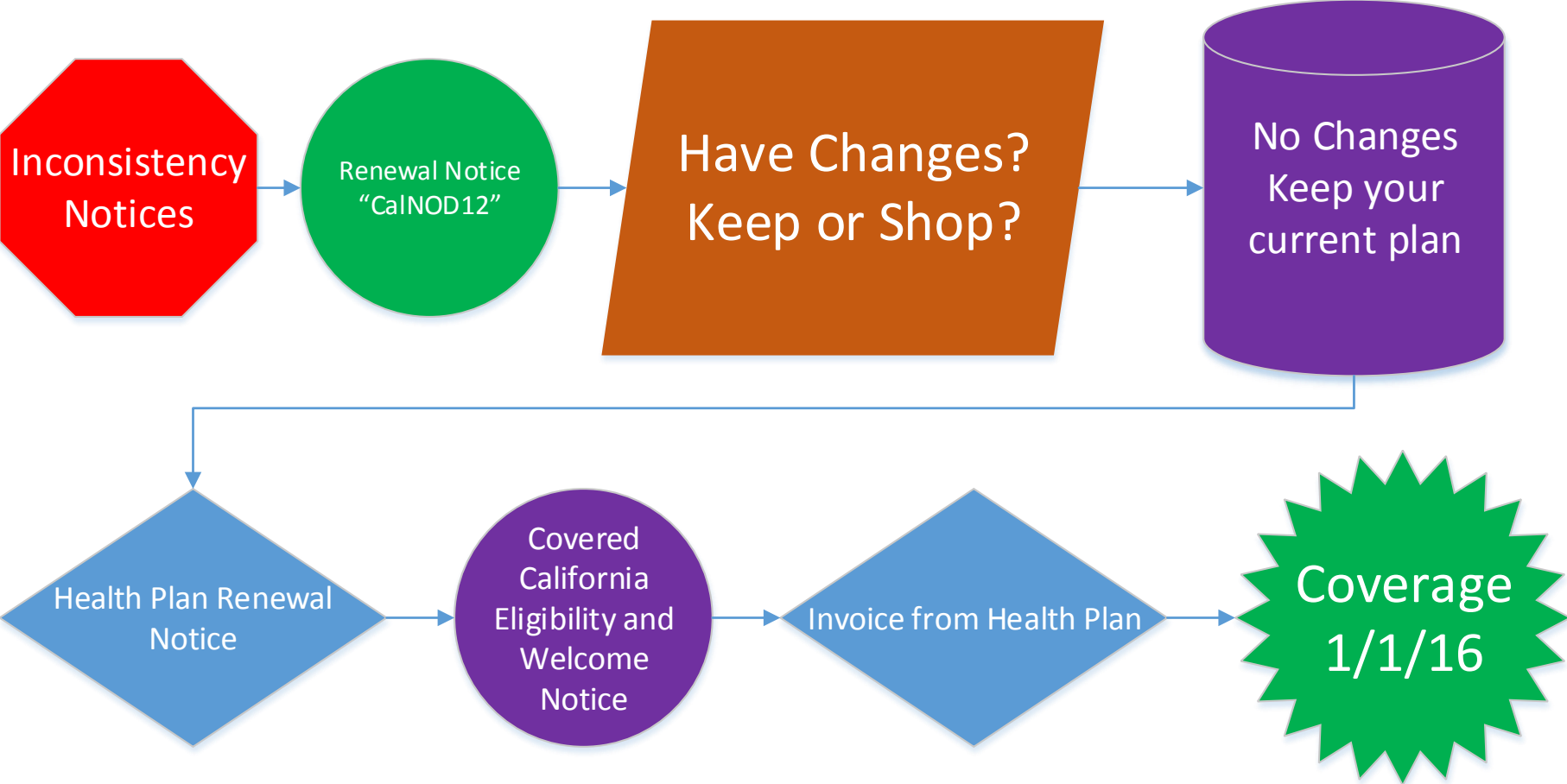
Case Number: [REDACTED]

Dear [REDACTED]

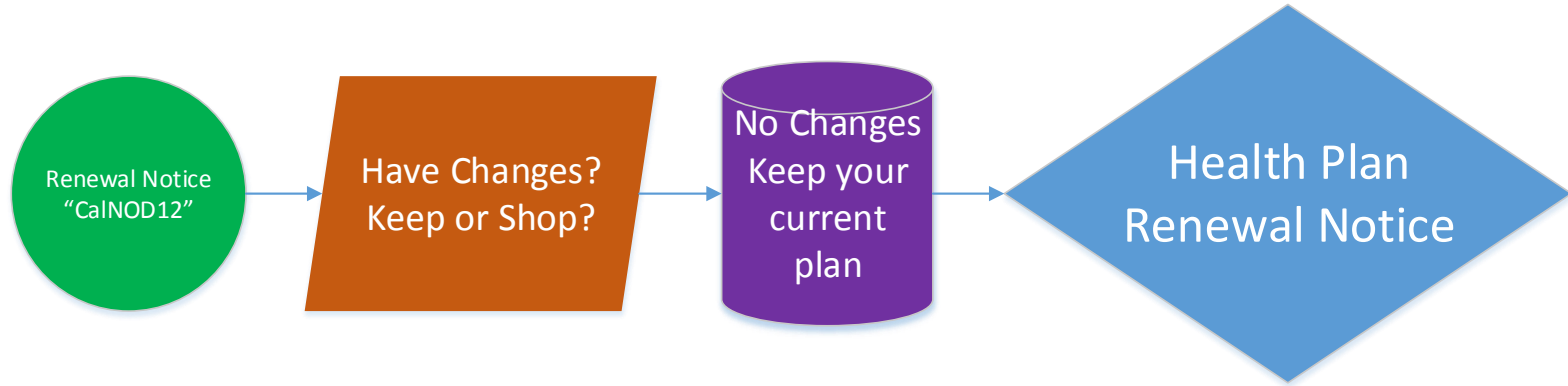
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# Automatic Renewals



# Automatic Renewals

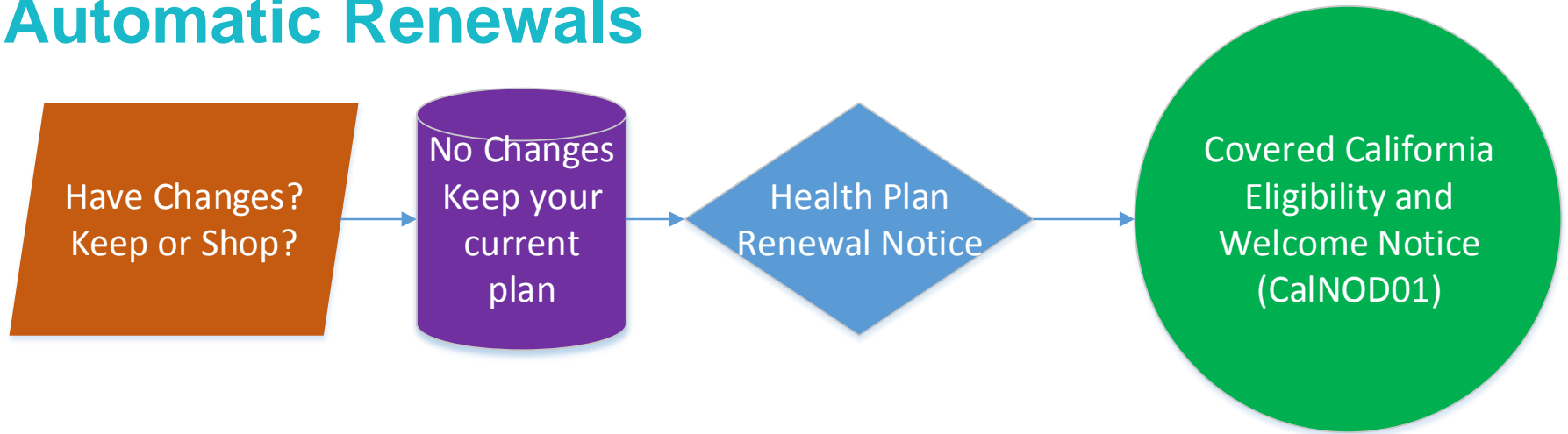


Nov 1<sup>st</sup>: Co-branded Health Plan and Covered California Renewal Notice

- 2015 tax credits
- 2015 gross and net premium amount
- **2016 gross premium amount before 2016 tax credits are applied**
- Reason for premium changes
- Benefit change explanation
- Referral to Covered California to report changes



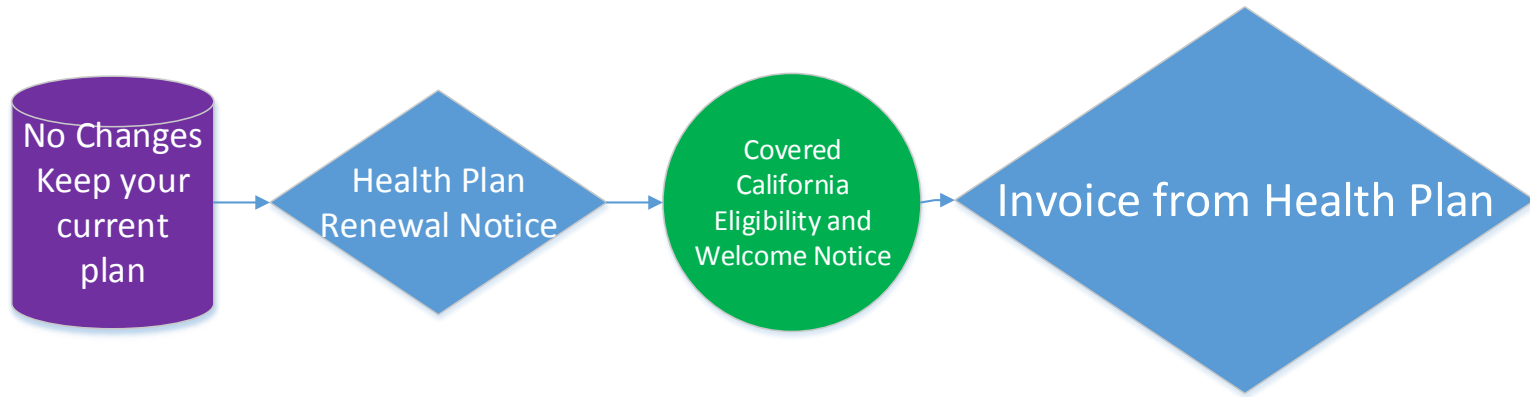
# Automatic Renewals



Oct 13<sup>th</sup> – Dec 5<sup>th</sup>: Covered California Eligibility and Welcome Notice (CaINOD01)

- Covered California Case Number
- Final 2016 tax credit eligibility amount
- 2016 eligibility determination outcome for each member of the household

# Automatic Renewals

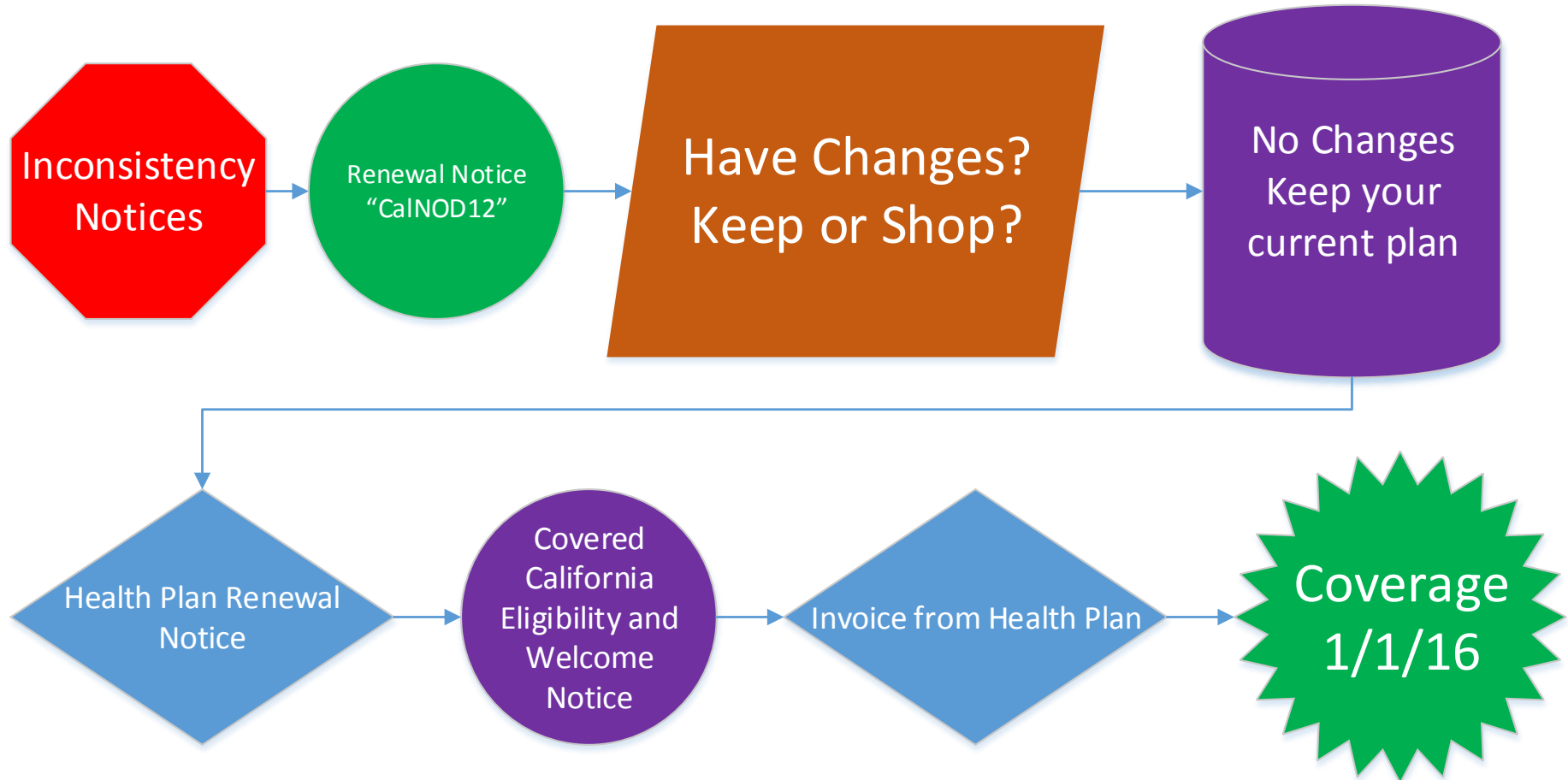


Dec 15<sup>th</sup> – Jan 1<sup>st</sup>: Invoice from your health plan

- Final 2016 tax credit amount
- 2016 net premium amount
- Payment due date – December 27, 2015

Coverage  
1/1/16

# Ready to Renew?



# Active Renewals

# Active Renewals



Shop and Compare

**Getting Covered**

Learn more about health plans, coverage and options.

Click here for information on the topics below:

- Coverage Basics
- Covered California Health Plans
- Prescription Drugs**
- Special Enrollment
- Eligibility and Immigration

### Why choose Enhanced Silver 73

Enhanced Silver Coverage: ~73%

| Kaiser Permanente   | Anthem BlueCross  | blue of california  | Western Health Advantage                                    |
|---|---|---|---|
| Kaiser Permanente Silver 70 HMO                             | Anthem Silver 70 PPO, a Multi-State Plan                    | Blue Shield Silver 70 PPO                                   | Western Health Advantage Silver 70 HMO                      |
| <b>Your Total Monthly Payment: \$171</b><br>(w/ tax credit) | <b>Your Total Monthly Payment: \$181</b><br>(w/ tax credit) | <b>Your Total Monthly Payment: \$183</b><br>(w/ tax credit) | <b>Your Total Monthly Payment: \$189</b><br>(w/ tax credit) |
| Monthly Premium Assistance (Tax Credit): \$157              | Monthly Premium Assistance (Tax Credit): \$157              | Monthly Premium Assistance (Tax Credit): \$157              | Monthly Premium Assistance (Tax Credit): \$157              |
| Total Monthly Premiums: \$328                               | Total Monthly Premiums: \$339                               | Total Monthly Premiums: \$340                               | Total Monthly Premiums: \$346                               |
| <a href="#">VIEW DETAILS</a>                                | <a href="#">VIEW DETAILS</a>                                | <a href="#">VIEW DETAILS</a>                                | <a href="#">VIEW DETAILS</a>                                |
| <a href="#">Apply</a>                                       | <a href="#">Apply</a>                                       | <a href="#">Apply</a>                                       | <a href="#">Apply</a>                                       |

# Active Renewals



### Covered California and Medi-Cal Renewal

#### Covered California Renewal

#### Medi-Cal Renewal

It's time to renew your coverage. Click on the Continue button below to begin. You will be able to tell us about changes to your family size, income, and other information.

**For Family Members in a Covered California Health Plan**

**Step 1:** Check your information.  
Be sure to update your information by **mm/dd/yyyy** so that you qualify for the correct program and get the right amount of help paying for health insurance.

**Step 2:** Enroll in a plan.  
You can stay in your current plan or compare rates and shop for a new health plan. You can also enroll in a dental plan. If you do not choose a plan by **mm/dd/yyyy** we will keep you in your current plan.

**For Family Members with Medi-Cal**  
To make sure you or your family continue to have Medi-Cal coverage, you must update and verify the information we have about your household. You can complete this process online by telling us what your information is and uploading documents that show your most current information. You can also do this by completing the renewal form you may receive from your county and returning it along with verification documents to your county human services agency.

### ANNOUNCEMENTS

10/28/2014

If you're pregnant, [click here](#) to learn more about your health care options.

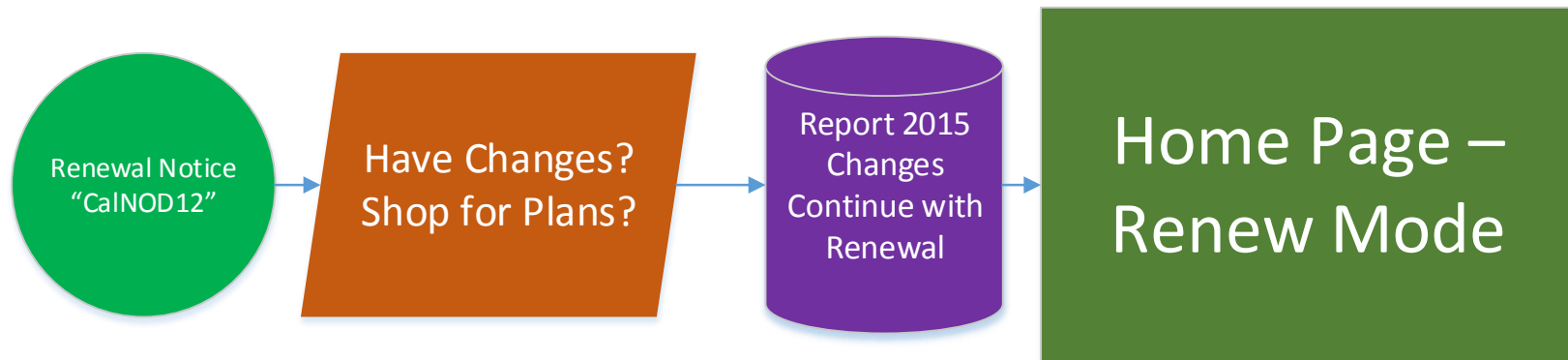
[View All Announcements](#)

### ACTIONS

[Update Consent for Verification](#)  
[Report a Change for <current\\_yr>](#)

[Continue Change Report for <current\\_yr>](#)  
[Withdraw Change Report for <current\\_yr>](#)  
[Withdraw Application](#)  
[Report a Change](#)  
[Continue Change Report](#)  
[Withdraw Change Report](#)  
[Select Health/ Dental Plan](#)

# Active Renewals



## Covered California and Medi-Cal Renewal

It's time to renew your coverage. Click on the Continue button below to begin. You will be able to tell us about changes to your family size, income, and other information.

### For Family Members in a Covered California Health Plan

#### Step 1: Check your information.

Be sure to update your information by 12/12/15 so that you qualify for the correct program and get the right amount of help paying for health insurance.

#### Step 2: Enroll in a plan.

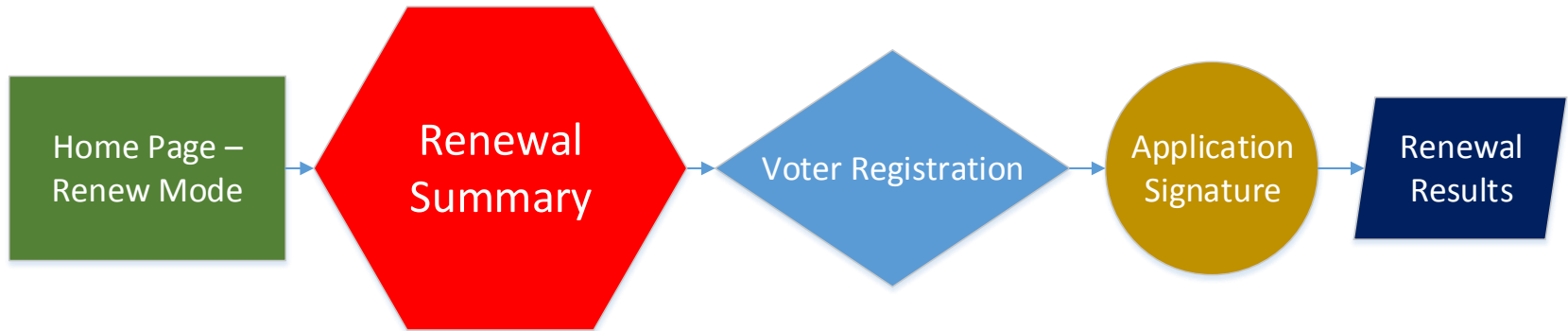
You can stay in your current plan or compare rates and shop for a new plan. If you do not choose a new plan by 12/12/15 we will keep you in your current plan.

### For Family Members with Medi-Cal

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Continue

# Active Renewals



The screenshot shows the 'RENEWAL SUMMARY' page on the Covered California website. The top navigation bar includes the Covered California logo, 'EXPLORE What's Right For You', 'PREVIEW Health Plans', 'APPLY To Get Covered', and 'GET HELP Find Answers'. A user account bar at the top right shows 'My Account | Log Out | Secure Mailbox(0) | Español'. Below the navigation bar, a progress bar indicates the steps: SUMMARY (checked), HOUSEHOLD (checked), PERSONAL DATA (checked), INCOME (checked), ELIGIBILITY (current step, highlighted with a blue square), and ENROLLMENT (unchecked). The left sidebar shows the user's name 'Bob Jones', application and case numbers, and a list of steps: ELIGIBILITY, Renewal Summary (highlighted), Voter Registration, and Signature For Renewal. The main content area is titled 'RENEWAL SUMMARY' and includes instructions for reviewing information and clicking 'Continue' to approve the renewal. A 'Cancel all changes' link and a 'Learn More' link are also visible.

My Account | Log Out | Secure Mailbox(0) | Español

EXPLORE What's Right For You | PREVIEW Health Plans | APPLY To Get Covered | GET HELP Find Answers

Bob Jones  
Application # : 1000018241  
Case # : 5000014741

ELIGIBILITY

Renewal Summary

Voter Registration

Signature For Renewal

SUMMARY HOUSEHOLD PERSONAL DATA INCOME ELIGIBILITY ENROLLMENT

### RENEWAL SUMMARY

1. Review the information below.

Below you will see the information we have for you. Please review this information carefully. Make sure to update any information that changed about your household, your income or your address. Changes can affect whether you qualify for Medi-Cal or help paying for your health insurance through Covered California.

To make changes, click the Edit button next to the section you want to change

2. Click 'Continue' to review and approve your renewal information

On the next page you will see the programs you will be eligible for this upcoming year.

For your Medi-Cal renewal, you may need to provide verification of income or other items.

Cancel all changes | Learn More



# Active Renewals

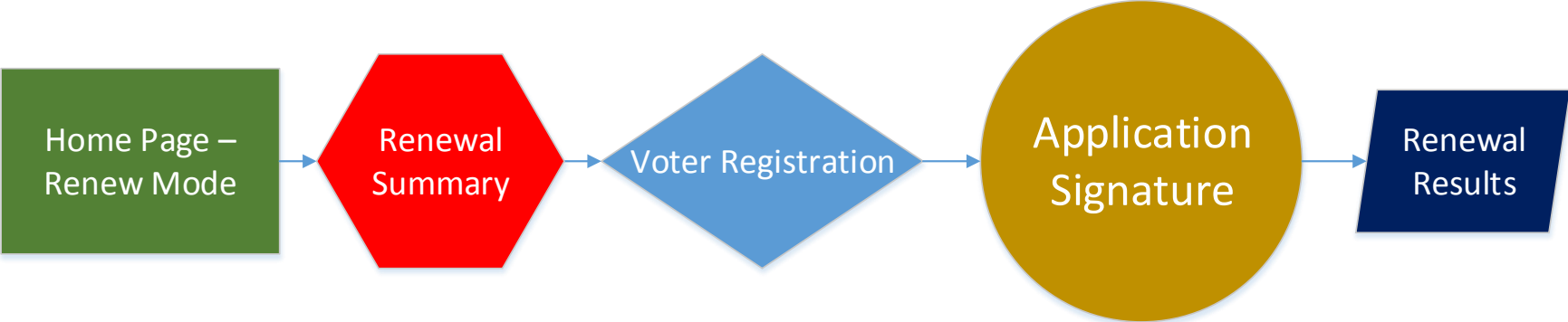



The screenshot displays the Covered California website interface. At the top, there's a navigation bar with the logo on the left and links for 'My Account', 'Log Out', 'Secure Mailbox(0)', and 'Español' on the right. Below this is a secondary navigation bar with four tabs: 'EXPLORE What's Right For You', 'PREVIEW Health Plans', 'APPLY To Get Covered', and 'GET HELP Find Answers'. The 'APPLY' tab is currently selected.

On the left side, there's a sidebar with the user's name 'Bob Jones', application and case numbers, and a list of menu items: 'ELIGIBILITY', 'Renewal Summary', 'Voter Registration' (highlighted with a blue bar), and 'Signature For Renewal'.

The main content area shows a progress bar with six steps: SUMMARY, HOUSEHOLD, PERSONAL DATA, INCOME, ELIGIBILITY, and ENROLLMENT. The first four steps are marked with green checkmarks, while ELIGIBILITY and ENROLLMENT are marked with empty boxes. The 'VOTER REGISTRATION' section is active, displaying instructions and a questionnaire. The text reads: 'Covered California is a voter registration agency and is providing you the opportunity to register to vote. To register to vote, you must be a U.S. citizen and at least 18 years old by the next election. If you are not registered to vote where you live now, would you like to apply to register to vote today?'. There are three radio button options: 'Yes, open the California Online Voter Registration website in a new tab.', 'Yes, please mail me a voter registration card', and 'No'. A note follows: 'NOTE: IF YOU DO NOT MAKE A CHOICE, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME AND A VOTER REGISTRATION CARD WILL BE MAILED TO YOU.' Below this, 'Important Notices' are listed, stating that applying to register or declining will not affect assistance and that help is available for filling out the form.

# Active Renewals





My Account | Log Out | Secure Mailbox(0) | Español

EXPLORE  
What's Right For You

PREVIEW  
Health Plans

APPLY  
To Get Covered

GET HELP  
Find Answers

Bob Jones  
Application # : 1000018241  
Case # : 5000014741

ELIGIBILITY  
Renewal Summary  
Voter Registration  
Signature For Renewal

☒

SUMMARY

☒

HOUSEHOLD

☒

PERSONAL DATA

☒

INCOME

☒

ELIGIBILITY

☐

ENROLLMENT

Cancel all changes

Learn More

SIGNATURE FOR RENEWAL

Please read the following information and Electronically Sign your application below.

Your Changes

| Type of Change | Member | Reason | Event Date |
|----------------|--------|--------|------------|
|----------------|--------|--------|------------|

☐ I know that I must report any changes to information on this application. For example, I must report a new address, a new member of the household, or a change in income.

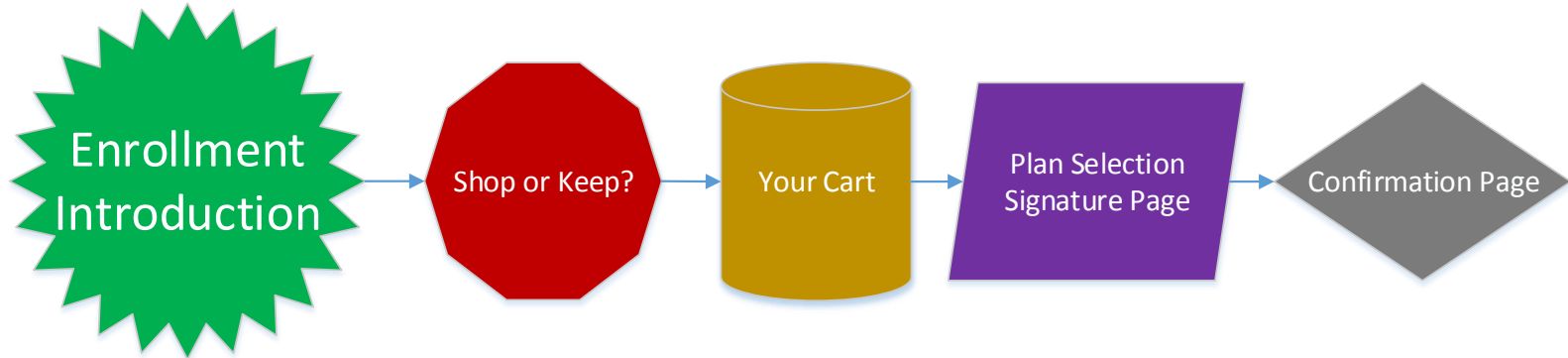
Review and Sign


# Active Renewals



The screenshot shows the 'RENEWAL RESULTS' page on the Covered California website. The top navigation bar includes links for 'My Account', 'Log Out', 'Secure Mailbox(0)', and 'Español'. Below this, there are four main sections: 'EXPLORE What's Right For You', 'PREVIEW Health Plans', 'APPLY To Get Covered', and 'GET HELP Find Answers'. A progress bar at the top of the main content area shows the following steps: SUMMARY (checked), HOUSEHOLD (checked), PERSONAL DATA (checked), INCOME (checked), ELIGIBILITY (checked), and ENROLLMENT (unchecked). The left sidebar contains a list of navigation options: 'ELIGIBILITY', 'Renewal Summary', 'Voter Registration', 'Signature For Renewal', and 'Renewal Results' (which is highlighted with a blue banner). The main content area is titled 'RENEWAL RESULTS' and includes a 'Learn More' link. Below the title, there is a paragraph explaining the renewal process and a 'Choose Health Plan' button. The user's name, 'Bob Jones', is displayed at the top of the main content area. The page also shows the user's application number (1000018241) and case number (5000014741).

# Active Renewals





My Account | Log Out | Secure Mailbox(0) | Español

EXPLORE  
What's Right For You

PREVIEW  
Health Plans

APPLY  
To Get Covered

GET HELP  
Find Answers

Bob Jones  
Application # : 1000018241  
Case # : 5000014741

ENROLLMENT

Enrollment Introduction

Plan Selection

Enrollment Summary

✓

SUMMARY

✓

HOUSEHOLD

✓

PERSONAL DATA

✓

INCOME

✓

ELIGIBILITY

■

ENROLLMENT

## HOUSEHOLD ENROLLMENT INTRODUCTION

Members of your household qualify for the health programs listed below. Each program has a set of available health plans for you to compare. You can choose the health plan that is the best fit for you.

For Covered California, in most cases if you do not select a plan by 12/12/2015, Covered California will automatically enroll you in your current plan for the 12/12/2015 benefit year.

For Medi-Cal, you will keep your current Medi-Cal health plan if your eligibility is renewed, unless you move to a county with different health plans. You can also choose a different health plan at any time through [Health Care Options](#).

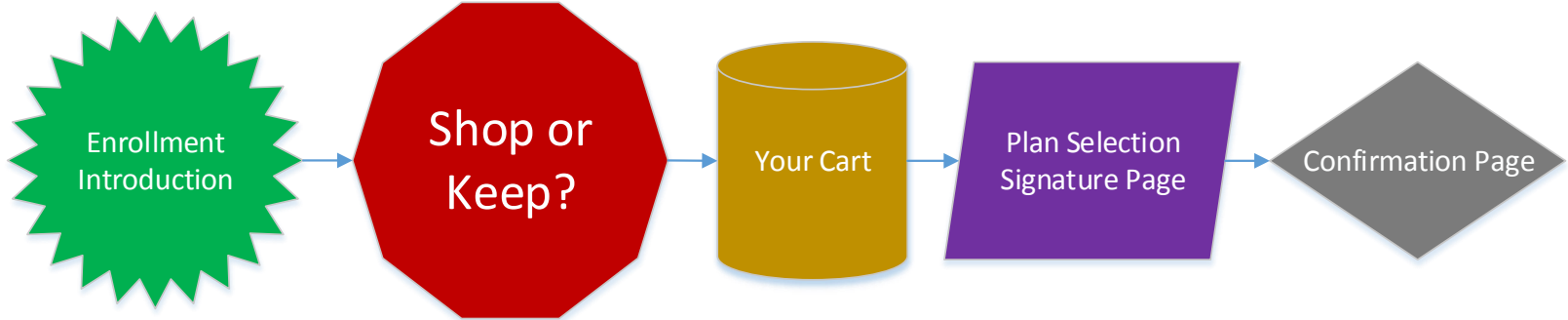
For the Medi-Cal Access Program, you will receive information separately on how to choose a health plan that covers your health care needs.

| Persons   | Program  | Health Plan                        | Initial Payment           |
|-----------|--|------------------------------------|---------------------------|
| Bob Jones | Covered California Plan with premium assistance(a federal tax credit)/ cost sharing reductions(lower out of pocket expenses, such as copays and coinsurance) | <a href="#">Choose Health Plan</a> | No plan has been selected |



COVERED  
CALIFORNIA

# Active Renewals



The screenshot shows the Covered California website interface. At the top, there is a blue header with the Covered California logo on the left and navigation links: "My Account", "Log Out", "Secure Mailbox(0)", and "Español". Below the header is a navigation bar with four tabs: "EXPLORE What's Right For You", "PREVIEW Health Plans", "APPLY To Get Covered", and "GET HELP Find Answers".

Below the navigation bar is a progress bar with six steps: "SUMMARY", "HOUSEHOLD", "PERSONAL DATA", "INCOME", "ELIGIBILITY", and "ENROLLMENT". The first five steps are marked with green checkmarks, and the "ENROLLMENT" step is currently active, indicated by a green square.

On the left side of the main content area, there is a sidebar with the user's name "Bob Jones", "Application #: 1000018241", and "Case #: 5000014741".

The main content area is titled "Choose a health plan for 2016". It features two columns of options:

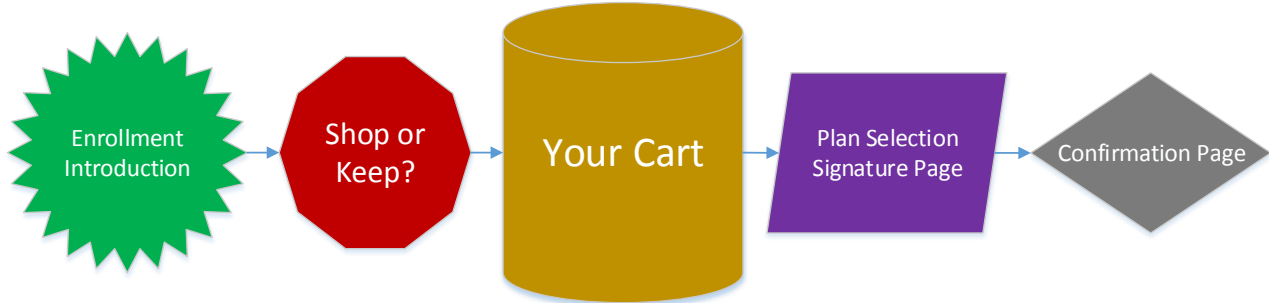
- 1. Getting Started** (highlighted in a blue box)
- 2. Checkout**

Under "1. Getting Started", there are two boxes:

- Keep the plan you have now**: The health plan you chose last year is below. Your premium and the amount of premium assistance (tax credit) available to you has changed. These changes affect the amount you pay or the benefits you receive.
- Shop for a different plan**: You can choose a different plan that may have a lower monthly premium and out-of-pocket costs, but may have different providers. Click here to shop for all the plans in your area.

At the bottom of the main content area, there is a dark gray box with the text: "Would you like to keep this plan?"

# Active Renewals



Bob Jones  
Application # : 1000018241  
Case # : 5000014741

✓

SUMMARY

✓

HOUSEHOLD

✓

PERSONAL DATA

✓

INCOME

✓

ELIGIBILITY

■

ENROLLMENT

Checkout

Cart

Provide eSignature

Confirmation

Your Cart

Health plans

Bob

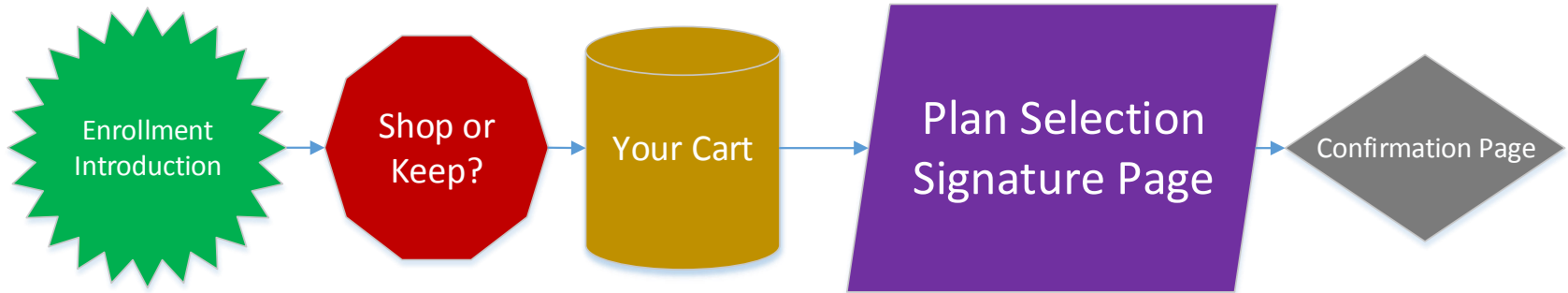
|  |                   |                    |          |
|--|-------------------|--------------------|----------|
|  | Kaiser            | Monthly premium    | \$256.67 |
|  | Bronze 60 HSA HMO | Premium assistance | -\$69.00 |
|  | Your Payment      |                    | \$187.67 |

Total Monthly Premiums \$256.67

Premium Assistance  -\$69.00

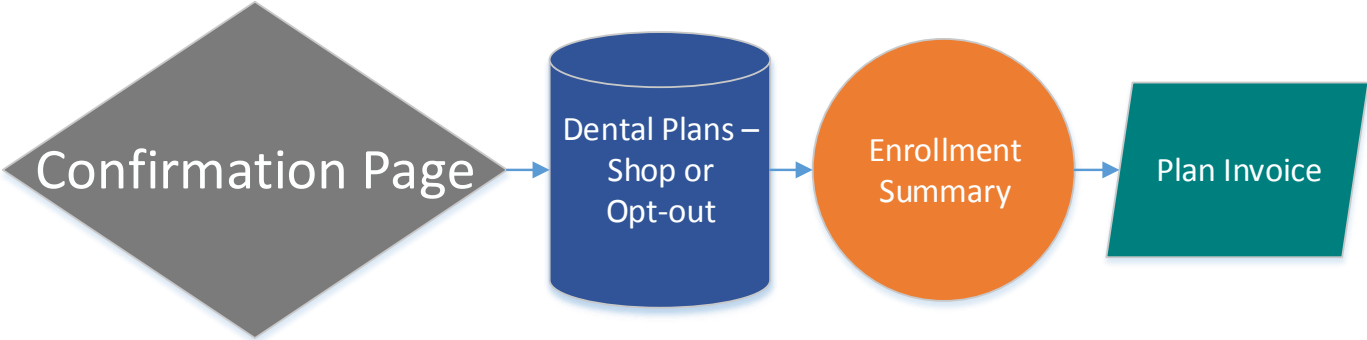
Cart Total Your Total Payment \$187.67


# Active Renewals



The screenshot shows the Covered California website interface. At the top, there's a navigation bar with links for 'My Account', 'Log Out', 'Secure Mailbox(0)', and 'Español'. Below this is a header with four main sections: 'EXPLORE What's Right For You', 'PREVIEW Health Plans', 'APPLY To Get Covered', and 'GET HELP Find Answers'. A progress bar indicates the current step: 'ENROLLMENT' (highlighted with a green square), preceded by 'SUMMARY', 'HOUSEHOLD', 'PERSONAL DATA', 'INCOME', and 'ELIGIBILITY' (all marked with green checkmarks). On the left, user information is displayed: 'Bob Jones', 'Application #: 1000018241', and 'Case #: 5000014741'. The main content area is titled 'Checkout' and includes a sidebar with 'Cart', 'Provide eSignature' (selected), and 'Confirmation'. The 'Provide eSignature' section contains a paragraph of text explaining the checkout process and a checkbox for agreeing to file a tax return. Below this is a 'Binding Arbitration Agreement' section and a 'Print' button.

# Active Renewals





My Account | Log Out | Secure Mailbox(0) | Español

EXPLORE  
What's Right For You

PREVIEW  
Health Plans

APPLY  
To Get Covered

GET HELP  
Find Answers

Bob Jones  
Application # : 1000018241  
Case # : 5000014741

✓

SUMMARY

✓

HOUSEHOLD

✓

PERSONAL DATA

✓

INCOME

✓

ELIGIBILITY

ENROLLMENT

Checkout

✓ Cart

✓ Provide eSignature

Confirmation

Confirmation

Congratulations! You have chosen a Covered California health insurance plan. Depending on the plan you choose, you may be able to pay at checkout. Click continue below to see if this option is available for the plan you chose. If not your plan will send you a bill. Remember your insurance cannot start until you pay your first premium.

Health Insurance Plans

Bob Jones

Expected Start Date: 01/01/2016

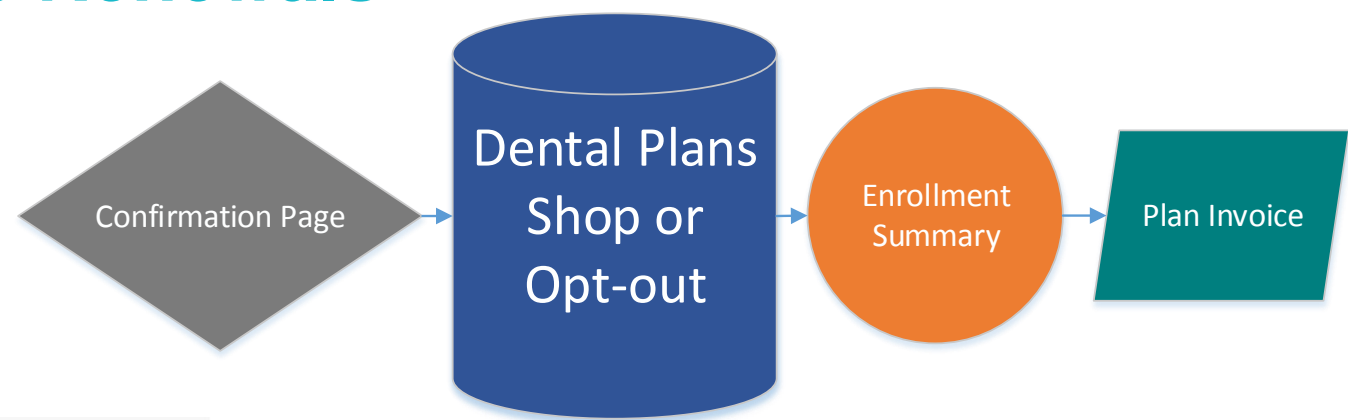
Kaiser  
Bronze 60 HSA HMO

Monthly Premium  
(monthly cost)

\$ 256.67



# Active Renewals



ENROLLMENT

Enrollment Introduc...

Plan Selection

Enrollment Summary

### PLAN SELECTION - IN PROGRESS

This page shows the health plans you have chosen for your household. Each plan will send you information in the mail.

| Persons   | Health Plan   |
|-----------|---|
| Bob Jones | Subscriber ID: 24545<br>Plan: Bronze 60 HSA HMO<br>Expected Start Date: 01/01/2016<br>Net Premium: \$187.67 per month<br>Initial Payment Due Date: 12/28/2015 |

Children under 19 have dental and vision benefits included in their health plan above.

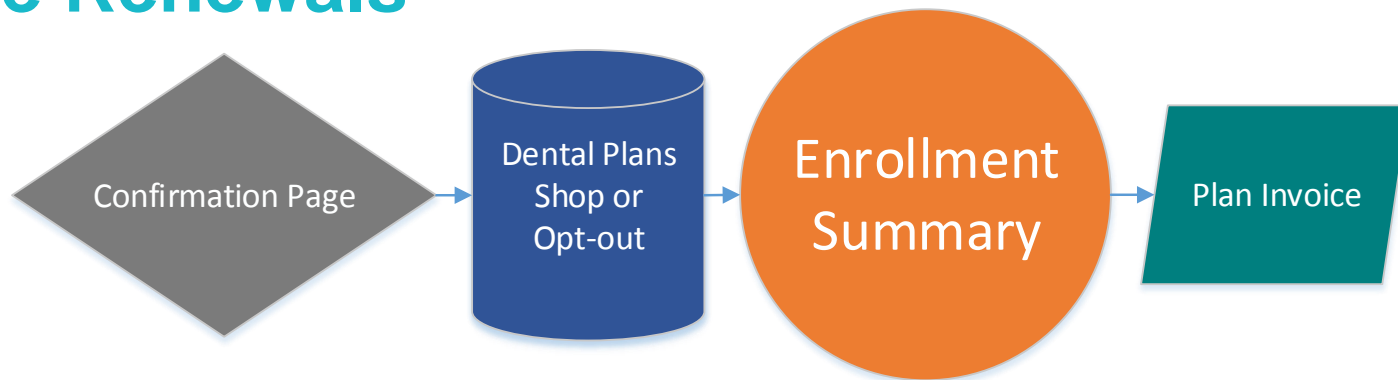
Your family can also shop for Family Dental Plans. Shopping for a family dental plan is optional. Click on the "Shop for Dental Plan" button to pick a dental plan for your household.

If you choose a dental plan, you will pay for this plan separately. It will not be included in the monthly premium you pay to your health plan. Because the dental plan is optional, you will not get financial help to enroll in a dental plan. Also, you will not get a tax penalty if you do not enroll in a dental plan.

| Persons   | Program                        | Dental Plan  |
|-----------|--------------------------------|--|
| Bob Jones | Covered California Dental Plan | <div>Shop for Dental Plan</div> <div>Decline Optional Dental Insurance</div> |

Save & Exit

# Active Renewals



The screenshot shows the 'Enrollment Summary' page on the Covered California website. The top navigation bar includes links for 'My Account', 'Log Out', 'Secure Mailbox(0)', and 'Español'. Below this, there are four main sections: 'EXPLORE What's Right For You', 'PREVIEW Health Plans', 'APPLY To Get Covered', and 'GET HELP Find Answers'. The user's profile information is displayed on the left: 'Bob Jones', 'Application #: 1000018241', and 'Case #: 5000014741'. The 'ENROLLMENT' section is active, showing a progress bar with steps: SUMMARY, HOUSEHOLD, PERSONAL DATA, INCOME, ELIGIBILITY, and ENROLLMENT. The 'HOUSEHOLD ENROLLMENT SUMMARY' section contains a congratulatory message and a reminder to send payments directly to the insurance plan. A dropdown menu shows the year '2015'. The 'PAYMENT OPTIONS' section provides instructions for online and mail payments.

My Account | Log Out | Secure Mailbox(0) | Español

EXPLORE What's Right For You | PREVIEW Health Plans | APPLY To Get Covered | GET HELP Find Answers

Bob Jones  
Application #: 1000018241  
Case #: 5000014741

ENROLLMENT

✓ Enrollment Introd...

Plan Selection

Enrollment Summary

SUMMARY HOUSEHOLD PERSONAL DATA INCOME ELIGIBILITY ENROLLMENT

### HOUSEHOLD ENROLLMENT SUMMARY

Congratulations! You are one step closer to getting quality health care through Covered California. Your information will be sent to your health and dental plan choices listed below. Send your initial (first) payment by the deadline so your plan can start on the expected start date. If you chose more than one plan, send payment to each plan.

**Remember:** Send all payments directly to your insurance plan. Do not send payment to Covered California. We cannot accept payments. Sending payment to Covered California could delay the start of your coverage. See [How to Pay](#) at CoveredCA.com or call your plan to learn more.

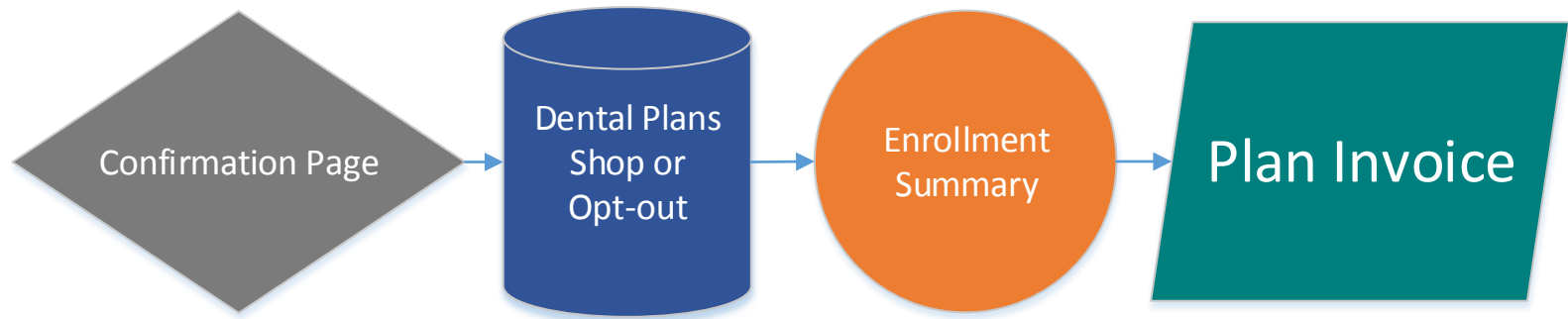
Viewing Enrollment information for 2015

### PAYMENT OPTIONS

1) **Online:** You can pay online if the "Pay Now" button appears on the "Initial Payment" column. Click "Pay Now" to make a quick, secure first payment to your insurance plan. Once your insurance plan confirms your first payment, the "Pay Now" button will disappear. It may take up to one week for the payment to show. The "Pay Now" button is only for your first payment. For plans that accept online payments, you can send future payments to the plan using their website.

2) **By mail to the plan:** If the "Pay Now" button does not appear or you want to mail your first payment, you can wait for the bill from your plan. It may take up to two weeks to get the bill by mail.

# Active Renewals



- Complete renewal by December 15, 2015 for coverage effective January 1, 2016
- Consumer can change plans throughout Open Enrollment
- **Changes to applications in a “pending” status will cancel the application**

# Single Streamlined Application Updates

# Single Streamlined Application Updates

## Agent Portal Field Lock –

Agents are now unable to make changes to the following fields:

- FEIN
- Business Name
- Business Address
- Mailing Address

Contact the Agent Service Center to update by:

Email

[Agents@covered.ca.gov](mailto:Agents@covered.ca.gov)

Phone

877-453-9198

# Single Streamlined Application Updates

## Qualifying Life Events during Open Enrollment –

The *Application Signature* page has been updated to allow the **Special Enrollment Period (SEP)** section to display during Open Enrollment Periods when a SEP reason or Qualifying Life Event would allow the Consumer an earlier start date.

## Open Enrollment Coverage Effective Dates

| Application Date                            | Effective Date*  |
|---|------------------|
| Renewal App before December 15, 2015        | January 1, 2016  |
| Renewal App after December 15, 2015         | February 1, 2016 |
| January 1 <sup>st</sup> – 15 <sup>th</sup>  | February 1, 2016 |
| January 16 <sup>th</sup> – 31 <sup>st</sup> | March 1, 2016    |

**APPLICATION SIGNATURE**

Please read the following information. Then check the boxes and sign (Electronic Signature). Click "Submit" to send your completed application.

**Special Enrollment**

**Open Enrollment**

You must have a qualifying life event to qualify for Covered California Special Enrollment. Regardless of the life event selected, we will see if you are eligible for Medi-Cal or Access for Infants and Mothers. During Open Enrollment, you may sometimes be eligible for an earlier coverage start date if any of the following apply. Most people will select None of the Above.

Do any of the following qualifying life events apply to you? **Select One**

[Click Here](#) for more information about qualifying life event

Reason for Other **Select One**

Reason for Other **Select One**

Reason for Other **Select One**

This application qualifies for Special Enrollment as a result of a qualifying life event. **Select One**

Coverage Date Category **Select One**

Enter today's date or the date of your qualifying life event if you have **MM/DD/YYYY**

Special Enrollment Expiry Date **MM/DD/YYYY**

# Single Streamlined Application Updates

## Qualifying Life Events during Open Enrollment –

The *Application Signature* page has been updated to allow the **Special Enrollment Period (SEP)** section to display during Open Enrollment Periods when a SEP reason or Qualifying Life Event would allow the Consumer an earlier start date.

| Qualifying Life Events                   | Effective Date                     |
|--|------------------------------------|
| Marriage                                 | 1 <sup>st</sup> of following month |
| Loss of Minimum Essential Coverage (MEC) | 1 <sup>st</sup> of following month |
| Birth/Adoption                           | Day of birth/adoption              |

## SEP Effective Dates during Open Enrollment

| Application Date        | Effective Date* |
|-------------------------|-----------------|
| Birth App on 12/16/15   | 12/16/15        |
| Marriage on 1/20/16     | 2/1/16          |
| Loss of MEC on 12/23/15 | 1/1/16          |

**APPLICATION SIGNATURE**

Please read the following information. Then check the boxes and sign (Electronic Signature). Click "Submit" to send your completed application.

**Special Enrollment**

**Open Enrollment**

You must have a qualifying life event to qualify for Covered California Special Enrollment. Regardless of the life event selected, we will see if you are eligible for Medi-Cal or Access for Infants and Mothers. During Open Enrollment, you may sometimes be eligible for an earlier coverage start date if any of the following apply. Most people will select None of the Above.

Do any of the following qualifying life events apply to you? **Select One**

[Click Here](#) for more information about qualifying life event

Reason for Other **Select One**

Reason for Other **Select One**

Reason for Other **Select One**

This application qualifies for Special Enrollment as a result of a qualifying life event. **Select One**

Coverage Date Category **Select One**

Enter today's date or the date of your qualifying life event if you have **MM/DD/YYYY**

Special Enrollment Expiry Date **MM/DD/YYYY**

# Single Streamlined Application Updates

- New questions about Employer-Sponsored Insurance
- New questions in Income Screens added for employer info
- Days/week and Hours/week mandatory in Income section
- 2014 Tax Filing Status Attestation
- Current Enrollment by Plan page added

## CURRENT ENROLLMENT

Find below the current plan enrollment details of your household members.

Viewing Enrollment Information for

2015 ▾

Select the Policy

Western Health - Minimum Coverage HMO ▾  
Western Health - Minimum Coverage HMO  
Anthem BC - Bronze 60 PPO

### Plan Enrollment Details

|                     |                                |                |                      |
|---------------------|--------------------------------|----------------|----------------------|
| Program:            | Premium Assistance(Tax Credit) | Subscriber ID: | 26770                |
| Subscriber Name:    | OKid Smith                     | Plan Name:     | Minimum Coverage HMO |
| Carrier:            | Western Health                 | Policy Number: | N/A                  |
| Tier:               | Catastrophic                   | Plan End Date: | 12/31/2015           |
| Plan Start Date:    | 10/01/2015                     | Net Premium:   | \$118.90             |
| Gross Premium:      | \$118.90                       | CSR Amount:    | \$0.00               |
| Premium Assistance: | \$0.00                         |                |                      |
| Initial Payment:    |                                |                |                      |

Pay Now

| Member Details |             | Transaction History |                   | APTC Applied History |  |
|----------------|-------------|---------------------|-------------------|----------------------|--|
| Member Name    | Member Type | Coverage Start Date | Coverage End Date | Enrollment Status    |  |
| OKid Smith     | Subscriber  | 10/01/2015          | 12/31/2015        | PENDING              |  |



# Single Streamlined Application Updates

- Addition of Medi-Cal Access Program to eligibility determinations (formerly known as AIM)
  - No longer eligible to tax credits (APTC)
- Addition of Medi-Cal Former Foster Youth Program
- C-CHIP Pilot Program Pilot in certain counties
- Former Foster Youth questions added
- American Indian/Alaskan Native questions now required

**PROGRAMS FOR PREGNANT WOMEN** ✕

**IMPORTANT INFORMATION FOR PREGNANT APPLICANTS**

You may be eligible for Medi-Cal, the Medi-Cal Access Program, or Covered California during your pregnancy and immediate postpartum.

If you are eligible for Medi-Cal, you will be enrolled in Medi-Cal. If you are not eligible for Medi-Cal, your application will be checked to see if you qualify for the Medi-Cal Access Program or the Covered California health plans. Here are some key points about Medi-Cal:

- You can start seeing a doctor, nurse midwife or other provider with Medi-Cal Presumptive Eligibility (PE) before Medi-Cal starts. You can search for the nearest PE provider at this link <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE.aspx>.
- There is no tax penalty if you are in Medi-Cal for pregnancy-related care.
- If you are enrolled in Medi-Cal, after your pregnancy ends, you can enroll in Covered California, if you are eligible then.

If your income is over the Medi-Cal limit, you may be eligible for the Medi-Cal Access Program (formerly called AIM, Access for Infants and Mothers) during your pregnancy and immediate postpartum. If so, Covered California will enroll you in MCAP. MCAP will then contact you. If you'd like to call MCAP first, the toll free number is (800) 433-2611. Here are some key points to consider for MCAP:

- Your MCAP premiums will be less expensive than Covered California, and MCAP has no co-payments or deductibles.
- MCAP covers your baby under the Medi-Cal delivery system for the first year of life, and the second year if your income stays under a certain level.
- There is no tax penalty if you are in MCAP.
- If you prefer to enroll in a Covered California Health Plan, you can notify MCAP that you wish to end your enrollment.
- If you are enrolled in MCAP, after your pregnancy ends, you can enroll in Covered California if you are still eligible then.

For even more info, you can go to <http://www.coveredca.com/coverage-basics/pregnant-women/>

Ok

# Outreach and Sales Webinar Series

| Webinar Series  | Description  | Date         | Time  |
|---|--|--------------|-------|
| <b>Covered California Health Plans</b>  | Covered California discusses 2016 updates to Covered California Health Plans and standard benefit design benefits.   | Wed, 10/14   | 11-12 |
| <b>Covered California Health Plan Regional Rates</b>  | Regional Rate and Plan Information Booklet overview – Helping Consumers Better Understand Their Enrollment Options   | Wed, 10/21   | 10-11 |
| <b>Department of Managed Health Care (DMHC)</b>   | For partners to learn about DMHC, their regulatory function, and how they service consumers.   | Weds, 10/28  | 2-3   |
| <b>Oscar Health</b>   | For partners to learn about the consumer journey once they have selected Oscar Health on the consumer's application.   | Wed, 11/4    | 2-3   |
| <b>United Health Insurance</b>  | For partners to learn about the consumer journey once they have selected United Health on the consumer's application.  | Thurs, 11/12 | 2-3   |
| <b>Open Enrollment Update</b>   | Additional information for partners to learn about renewal and open enrollment functionality, policy, changes, etc.  | Tues, 11/17  | 2-3   |
| <b>IRS and the U.S. Department of Labor: The ACA and the Individual and Employer Responsibility</b> | For partners to learn about the Affordable Care Act provisions concerning the Individual Responsibility Mandate and Employer Shared Responsibility. Join us for a discussion about the mandate, penalties, and minimum standard value. | Thurs, 12/10 | 2-3   |

<http://hbex.coveredca.com/stakeholders/webinar/>

# Questions?

**[OutreachandSales@covered.ca.gov](mailto:OutreachandSales@covered.ca.gov)**